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CONFIRMATION NO. 3436

Bib Data Sheet

|   |   |                                    |  |   |
|---|---|------------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/719,541  | <b>FILING OR 371(c)<br/>DATE</b><br>11/20/2003<br><b>RULE</b>   | <b>CLASS</b><br>600                | <b>GROUP ART UNIT</b><br>3735  | <b>ATTORNEY<br/>DOCKET NO.</b><br>ST-UCSD3560-2 |
| <b>APPLICANTS</b><br>David A. Gough, Cardiff, CA;   |   |                                    |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/078,567 02/15/2002 PAT 6,721,587<br>which claims benefit of 60/269,169 02/15/2001  |   |                                    |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                    |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 02/19/2004   |   |                                    |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>CA  | <b>SHEETS<br/>DRAWING</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>28                   |
|   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |  |   |
| <b>ADDRESS</b><br>28213   |   |                                    |  |   |
| <b>TITLE</b><br>MEMBRANE AND ELECTRODE STRUCTURE FOR IMPLANTABLE SENSOR   |   |                                    |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>2112  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |